

SERIAL NUMBER 09/444,507	FILING DATE 11/22/99	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. VPR-001US
-----------------------------	-------------------------	--------------	------------------------	----------------------------------

APPLICANT

ANDREW L. DIRIENZO, ELIZAVILLE, NY.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/109,453 11/23/98

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
---	---	------------------------	----------------------	--------------------	-------------------------

ADDRESS

WESTERLUND & POWELL PC
122 N ALFRED STREET
ALEXANDRIA VA 22314-3011

TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE
THEREFOR

FILING FEE RECEIVED \$419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 8746

SERIAL NUMBER 09/444,507	FILING DATE 11/22/1999 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. VPR-001US
-----------------------------	-----------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/109,453 11/23/1998

CB verified

** FOREIGN APPLICATIONS *****

CB none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/15/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature CB Initials	NY	14	18	4

ADDRESS

WESTERLUND & POWELL PC
 122 N ALFRED STREET
 ALEXANDRIA , VA
 223143011

TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
RECEIVED 419		

Credit

--	--	--



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8746

SERIAL NUMBER 09/444,507	FILING OR 371(c) DATE 11/22/1999 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. VPR-001US
-----------------------------	--	--------------	------------------------	-------------------------------------

APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

** CONTINUING DATA ****

This appln claims benefit of 60/109,453 11/23/1998

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/15/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature	Initials			

ADDRESS

37119

TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE RECEIVED 503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
----------------------------	---	---